City Of Titusville ACT 247 Application FORM (rev 11/1/2007) This is a request for the review of a Subdivision Plan, Land Development Proposal or Ordinance Amendment pursuant to the Pennsylvania Municipalities Planning Code, Act 247. This application Date Approved _____ must be completed and submitted by the applicant along with 3 full sets of plans and accompanying documents. The original drawing MUST be submitted for signing and Signature ____ accompanied by the required fee for review. Checks are payable to: The City of Titusville TO BE COMPLETED BY THE APPLICANT APPLICANT IDENTIFICATION Owner / Applicant First Middle Initial Last Name Phone no. (Street address State ZIP Code City Surveyor / Architect / Engineer Name Phone no.: (**TYPE OF SUBMISSION** TYPE OF REVIEW REQUESTED **REVIEW FEE** (Check all appropriate boxes) Review Fees charged per Article 191 ☐ Unofficial Sketch Plan (No Fee) ☐ New Proposal ☐ Subdivision Plan ☐ Attached ☐ Revision to Prior Proposal ☐ Land Development Plan ☐ Phase of a Prior Proposal ☐ Planned Residential Development ■ Not Applicable ☐ Amendment/Revision to Recorded Plan is a New Proposal ☐ Minor ☐ Major ☐ Non-Residential **TYPE OF PLAN** TAX PARCEL(S) ☐ Subdivision ☐ Minor (1-5 Lots) ☐ Unofficial Sketch ☐ Major (Over 5 Lots) ☐ Land Development ☐ Preliminary ☐ Minor (1 Building) ☐ Major (5-50 acres) ☐ Final ☐ Zoning Ordinance Amendment ☐ Other **ZONING** DISTRICT SPECIAL EXCEPTION / CONDITIONAL USE /VARIANCE ☐ Existing ____ ☐ Needed ~ Date of Application to Zoning Hearing Board ___ ☐ Proposed _ ☐ Granted ~ Date of Zoning Hearing board Approval _ PLAN INFORMATION Total Area of Homeowners Ownership of Road **HOA Documents Provided** Subdivision/Development Number of Association Length of New Road ☐ Public ☐ Yes Lots ☐ Yes ☐ Private ☐ No acres or sq feet ☐ No **PROPOSED UTILITIES & EASEMENTS** Other Easements: Municipal Municipal ☐ Yes ☐ No Stream Easements Public / Private Stormwater Sanitary Sewer Water ☐ Yes ☐ Yes ☐ Yes ☐ No Other Consideration: (Please List) ☐ Yes □ No ☐ No ☐ No OTHER AGENCY REVIEWS **BUILDING / ZONING OFFICE REVIEW USE ONLY** REVIEW RECORD (Date & Initial) Comments forwarded to / Date Received ☐ Surveyor/Architect/Engineer/ _____ ☐ Dept of Transportation – Date : _____ PC Review ____ ☐ Planning Commission/____ ☐ Dept of Environmental Protection – Date : ___ Staff Review _____ ____- Date : ____ ☐ Owner/Applicant/ Other DEP Planning Module _____ ☐ Other/ _____